

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
0119210062
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2		X			
3					
4					
5					
6					
7					
8	2				
9	0				
10	1	1			
11	0	1			
12	0	1			
13	0	1			
14	0	1			
15	0				
16	0	1			
17	0				
18	0				
19	0				
20		X			
21	0	1			
22	0	1			
23		1			
24	0				
25					
26	0	X			
27	1	1			
28	1		X		
29	1	1			
30	1		X		
31	1	1			
32	0		X		
33	0		X		
34	0		X		
35	0		X		
36					
37					
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46					
47					
48					
49					
50					
TOTAL ID.		12			
TOTAL EP.			15		
TOTAL CLAIMS		20			

*	IND.	*	IND.	*	IND.	*	DEP.
51							
52							
53							
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							